

Memphis City Schools
Department of Academics, Operations, Technology and Innovations
APPLICATION FOR P.M. SCHOOLS

Date _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Alternate Number (Cell) _____ Email Address _____

Status (Please Check Only One)

- School-age student returning for diploma -Last School Attended _____
- Adult returning for diploma and job skills _____
- Community resident with diploma who wish to take technical courses _____
- Day student who wants to take technical courses to be completer _____
- Day student who wants to take technical courses to enhance skills _____
- Current Home School _____
- Core courses needed for graduation _____

Last Educational Institution Attended _____ City _____ State _____ Zip Code _____

Highest Level of Education Completed

High School Diploma GED Some College Yes No Number of years completed _____

Name of College, Trade School _____

Degree Type of Degree _____

Year Entered Ninth Grade _____ Primary Home Language _____

Military Status: (Check one) Active Inactive Reserve

Choose Degree Level (Check one) Diploma Certification Licensure

Choose a Career Track (select one)

- Agriculture, Food and Natural Resources
- Architecture
- Arts, A/V Technology & Communication
- Business, Management, and Administration
- Education and Training
- Finance
- Government & Public Administration
- Health Science
- Hospitality and Tourism
- Human Services
- Information Technology
- Law, Public Safety, Corrections & Security
- Manufacturing
- Marketing, Sales and Services
- Science, Technology, Engineering & Mathematics
- Transportation, Distribution, and Logistics

I understand that the submission of this application authorizes the recipient to verify this data for enrollment.

I certify that the information on this application is true and accurate to the best of my knowledge.

Applicant's Signature _____ Reviewer's Signature _____

Date _____ Date _____

For Office Use Only

Approved Not Approved

TCAP/CT Gateway Scores _____ I.E.P. _____

Signature of Registrar _____ Date _____